

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51				
2		/					52				
3		/					53				
4		/					54				
5	/						55				
6		/					56				
7		/					57				
8		/					58				
9	/						59				
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11		/					61				
12	/						62				
13	/						63				
14		/					64				
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17		/					67				
18		/					68				
19	/						69				
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40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	└─┘		└─┘		└─┘		TOTAL IND.	└─┘		└─┘	
TOTAL DEP.	└─┘		└─┘		└─┘		TOTAL DEP.	└─┘		└─┘	
TOTAL CLAIMS							TOTAL CLAIMS				